

POWER OF ATTORNEY AND

DESIGNATION OF AGENT



201901300000030680 1/9 \$40.00
Shelby Cnty Judge of Probate, AL
01/30/2019 10:24:21 AM FILED/CERT

Name of Principal: Howell Ruby Scott aka Howell R. Scott aka Howell Scott

I name the following person as my agent: Adrian Albert Ellison aka A. A. Ellison

Name of Agent: Adrian Albert Ellison aka A.A. Ellison

Agent's Address: 725 7th Way, Pleasant Grove, Alabama 35127

Agent's Telephone Number: [REDACTED]

-DESIGNATION OF SUCCESSOR AGENT

If my agent is unable or unwilling to act for me, I name as my successor agent:

Name of Successor Agent:

Jann Andrews

Successor Agent's Address:

7981 Barbara Drive, McCalla, Alabama 35111

Successor Agent's Telephone Number:

[REDACTED]

If my successor agent is unable or unwilling to act for me, I name as my second successor agent:

Name of Second Successor Agent: _____

Second Successor Agent's Address: _____

Second Successor Agent's Telephone Number: _____

GRANT OF GENERAL AUTHORITY

I grant my agent and any successor agent general authority to act for me with respect to the following subjects as defined in the Alabama Uniform Power of Attorney Act, Chapter 1A, Title 26, Code of Alabama 1975:

If you wish to grant general authority over all of the subjects enumerated in this section you may SIGN here:

(Signature of Principal) X _____

Howard Scott
Howard Scott

IF YOU WISH TO LIMIT THE AUTHORITY

If you wish to grant specific authority over less than all subjects enumerated in this section you must INITIAL by each subject you want to limit in the agent's authority:

- ☒ Real Property as defined in Section 26-1A-204
- ☒ Tangible Personal Property as defined in Section 26-1A-205
- ☒ Stocks and Bonds as defined in Section 26-1A-206
- ☒ Commodities and Options as defined in Section 26-1A-207
- ☒ Banks and Other Financial Institutions as defined in Section 26-1A-208
- ☒ Operation of Entity or Business as defined in Section 26-1A-209
- ☒ Insurance and Annuities as defined in Section 26-1A-210
- ☒ Estates, Trusts, and Other Beneficial Interests as defined in

Section 26-1A-211

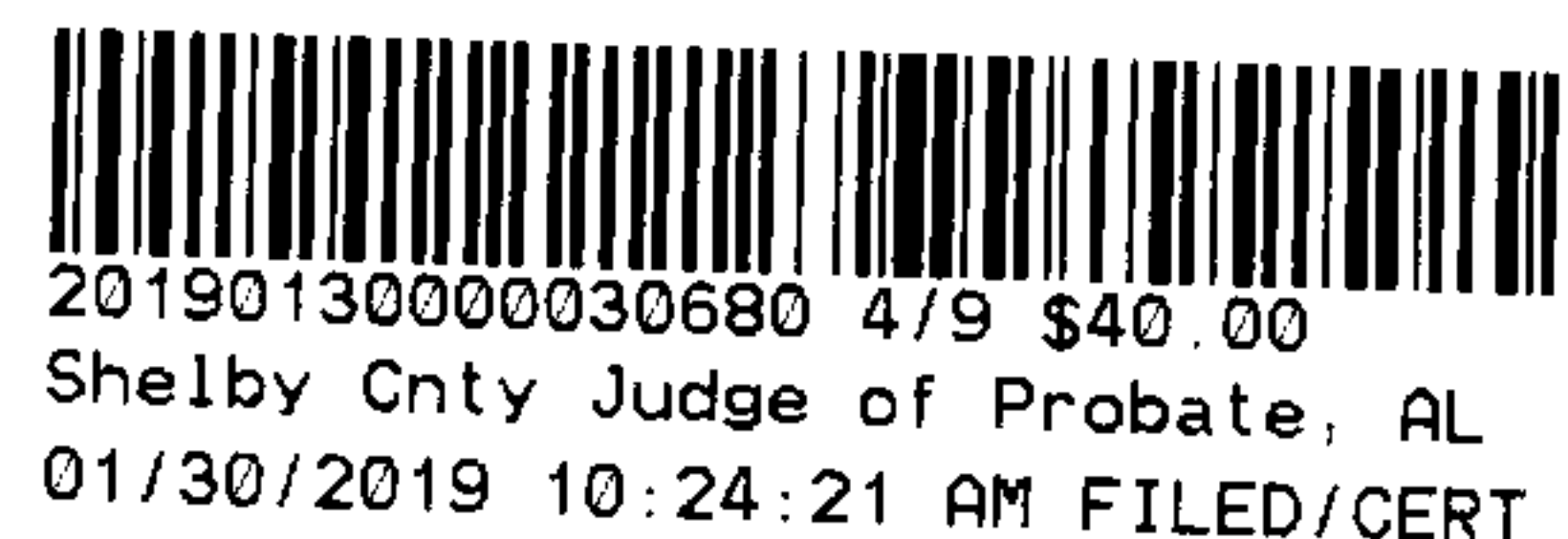
- ☒ Claims and Litigation as defined in Section 26-1A-212
- ☒ Personal and Family Maintenance as defined in Section 26-1A-213
- ☒ Benefits from Governmental Programs or Civil or Military Service as defined in Section 26-1A-214
- ☒ Retirement Plans as defined in Section 26-1A-215
- ☒ Taxes as defined in Section 26-1A-216
- ☒ Gifts as defined in Section 26-1 A-217

GRANT OF SPECIFIC AUTHORITY (OPTIONAL)

My agent **MAY NOT** do any of the following specific acts for me UNLESS I have INITIALED the specific authority listed below:

(CAUTION: Granting any of the following will give your agent the authority to take actions that could significantly reduce your property or change how your property is distributed at your death. INITIAL the specific authority you WANT to give your agent.)

- ☒ Create, amend, revoke, or terminate an inter vivos trust, by trust or applicable law
- ☒ Make a gift to which exceeds the monetary limitations of Section 26-1A-217 of the Alabama Uniform Power of Attorney Act, but subject to any special instructions in this power of attorney
- ☒ Create or change rights of survivorship
- ☒ Create or change a beneficiary designation
- ☒ Authorize another person to exercise the authority granted under this power of attorney
- ☒ Waive the principal's right to be a beneficiary of a joint and survivor annuity, including a survivor benefit under a retirement plan



NOMINATION OF CONSERVATOR OR GUARDIAN

(OPTIONAL)

If it becomes necessary for a court to appoint a [conservator or guardian] of my estate or [guardian] of my person, I nominate the following person(s) for appointment:

Name of Nominee for conservator or guardian of my estate:

NONE

Nominee's Address: _____

Nominee's Telephone Number: _____

Name of Nominee for
guardian of my person: _____

Nominee's Address: _____

Nominee's Telephone Number: _____

RELIANCE ON THIS POWER OF ATTORNEY

Any person, including my agent, may rely upon the validity of this power of attorney or a copy of it unless that person knows it has terminated or is invalid.

SIGNATURE AND ACKNOWLEDGMENT

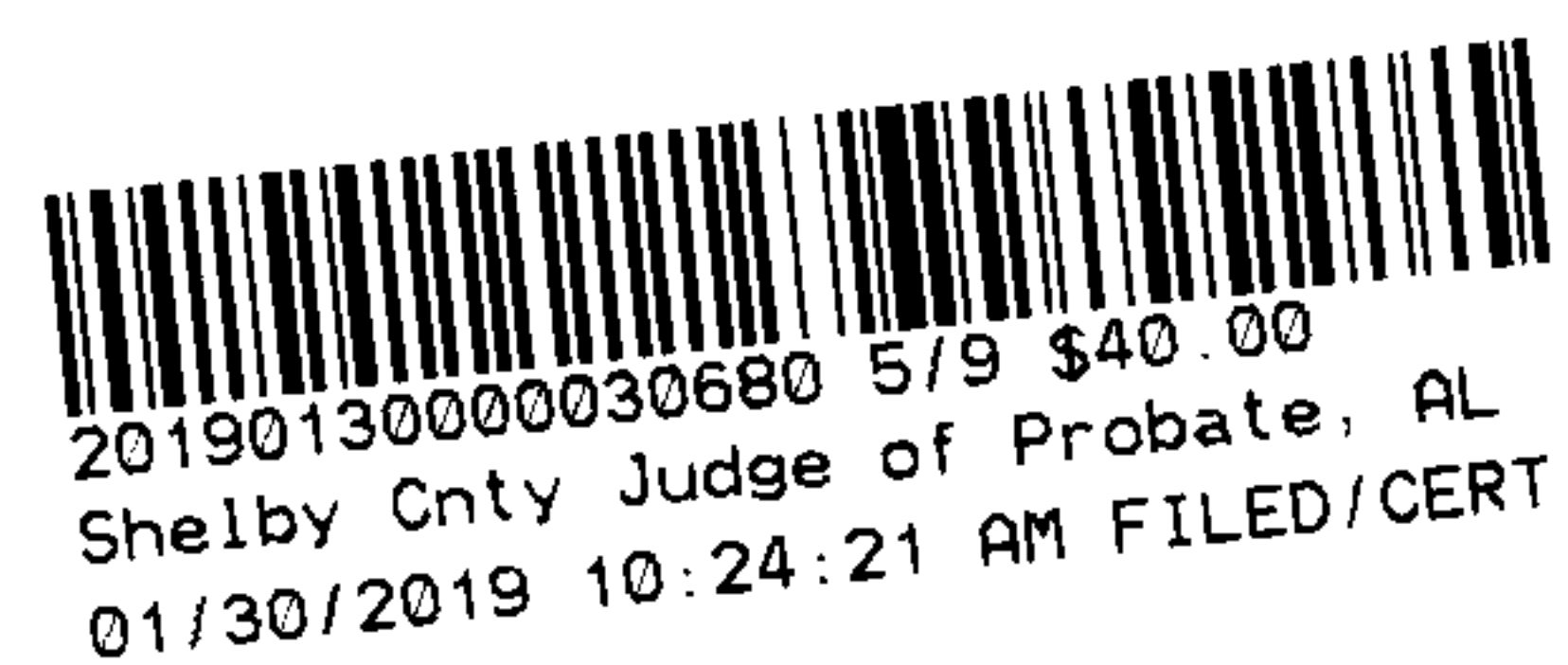
Signature of Principal X

Your Signature Date: JAN 23, 2019

Your Name Printed: Howell Scott

Your Address: 205 CREST LAKE DR. Hoover, AL 35226

Your Telephone Number: ()



State of Alabama)

County of Shelby)

I, Marion Lagman, a Notary Public, in and for the
County in this State, hereby certify that Howell Ruby Scott aka Howell R. Scott
aka Howell Scott, whose
name is signed to the foregoing document, and who is known to me,
acknowledged before me on this day that, being informed of the contents of the
document, he or she executed the same voluntarily on the day the same bears
date.

Given under my hand this the 23rd day of January, 2019.

Marion Lagman
Signature of Notary

My commission expires: 6-19-20

(This document prepared by: Henry E. Lagman)

IMPORTANT INFORMATION

Agent's Duties

When you accept the authority granted under this power of attorney, a special legal relationship is created between you and the principal. This relationship imposes upon you legal duties *that* continue until you *resign* or the power of attorney is terminated or revoked. You must:

- (1) do what you know the principal reasonably expects you to do with the principal's property or, if you do not know the principal's expectations, act in

the principal's best interest;
(2)act in good faith;
(3)do nothing beyond the authority granted in this power of attorney; and
(4)disclose your identity as an agent whenever you act for the principal by writing or printing the name of the principal and signing your own name as "agent" in the following manner:

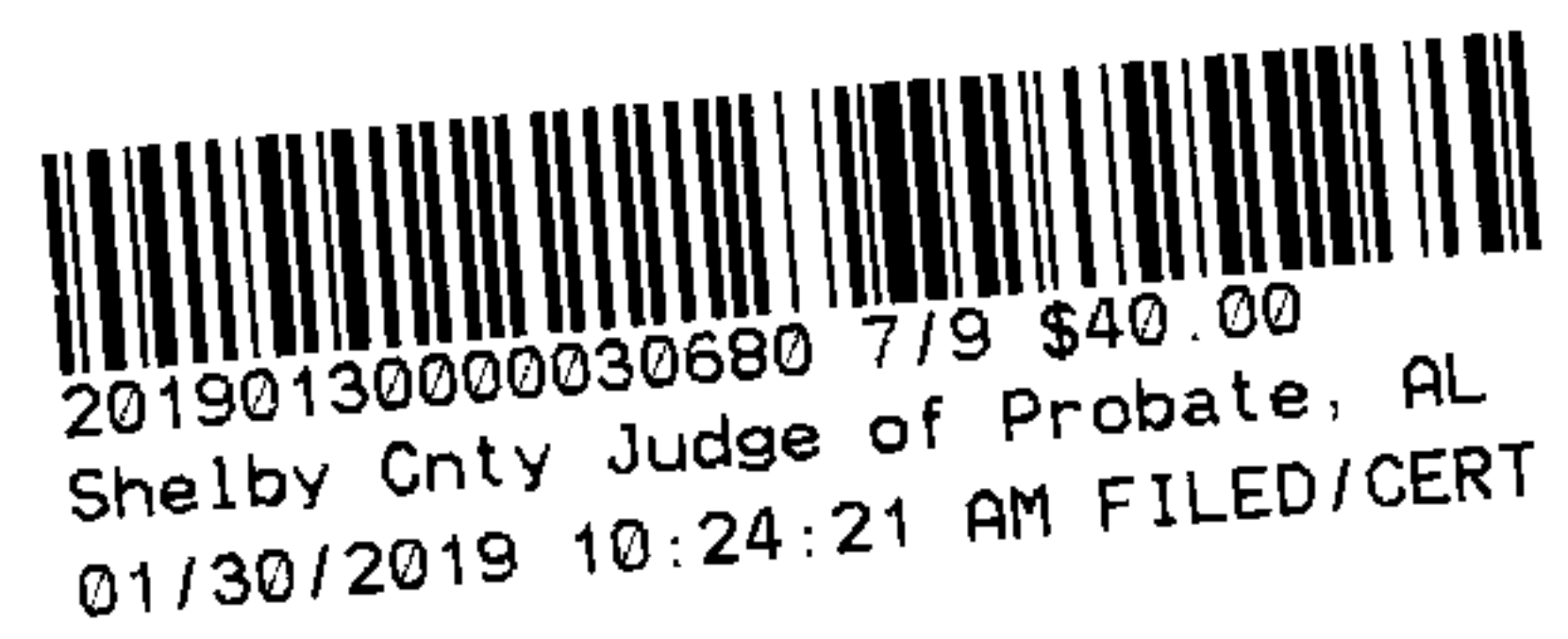
(Principal's Name) by (Your Signature) as Agent

(1)Unless the Special Instructions in this power of attorney state otherwise, you must also: I act loyally for the principal's benefit;
(2)avoid conflicts that would impair your ability to act in the principal's best interest;
(3)act with care, competence, and diligence;
(4)keep a record of all receipts, disbursements, and transactions made on behalf of the principal;
(5)cooperate with any person that has authority to make health care decisions for the principal to do what you know the principal reasonably expects or, if you do not know the principal's expectations, to act in the principal's best interest; and
(6)attempt to preserve the principal's estate plan if you know the plan and preserving the plan is consistent with the principal's best interest.

Termination of Agent's Authority

You must stop acting on behalf of the principal if you learn of any event that terminates this power of attorney or your authority under this power of attorney. Events that terminate a power of attorney or your authority to act under a power of attorney include:

(1)death of the principal;
(2)the principal's revocation of the power of attorney or your authority;
(3)the occurrence of a termination event stated in the power of attorney;
(4)the purpose of the power of attorney is fully accomplished; or
(5)if you are married to the principal, a legal action is filed with a court to end your marriage, or for your legal separation, unless the Special Instructions in this power of attorney state that such an action will not terminate your authority.



Liability of Agent

The meaning of the authority granted to you is defined in the Alabama Uniform Power of Attorney Act, Chapter 1A, Title 26, Code of Alabama 1975. If you violate the Alabama Uniform Power of Attorney Act, Chapter 1A, Title 26, Code of Alabama 1975, or act outside the authority granted, you may be liable for any damages caused by your violation.

If there is anything about this document or your duties that you do not understand, you should seek legal advice.

APPENDIX E

SECTION 26—1A-302. AGENT'S CERTIFICATION. A document substantially in the following format may be used by an agent to certify facts concerning a power of attorney.

AGENT'S CERTIFICATION AS TO THE VALIDITY OF POWER OF ATTORNEY AND AGENT'S AUTHORITY

State of _____)

County of _____)

I, _____ (Name of Agent), certify under penalty of perjury that

_____ (Name of Principal)

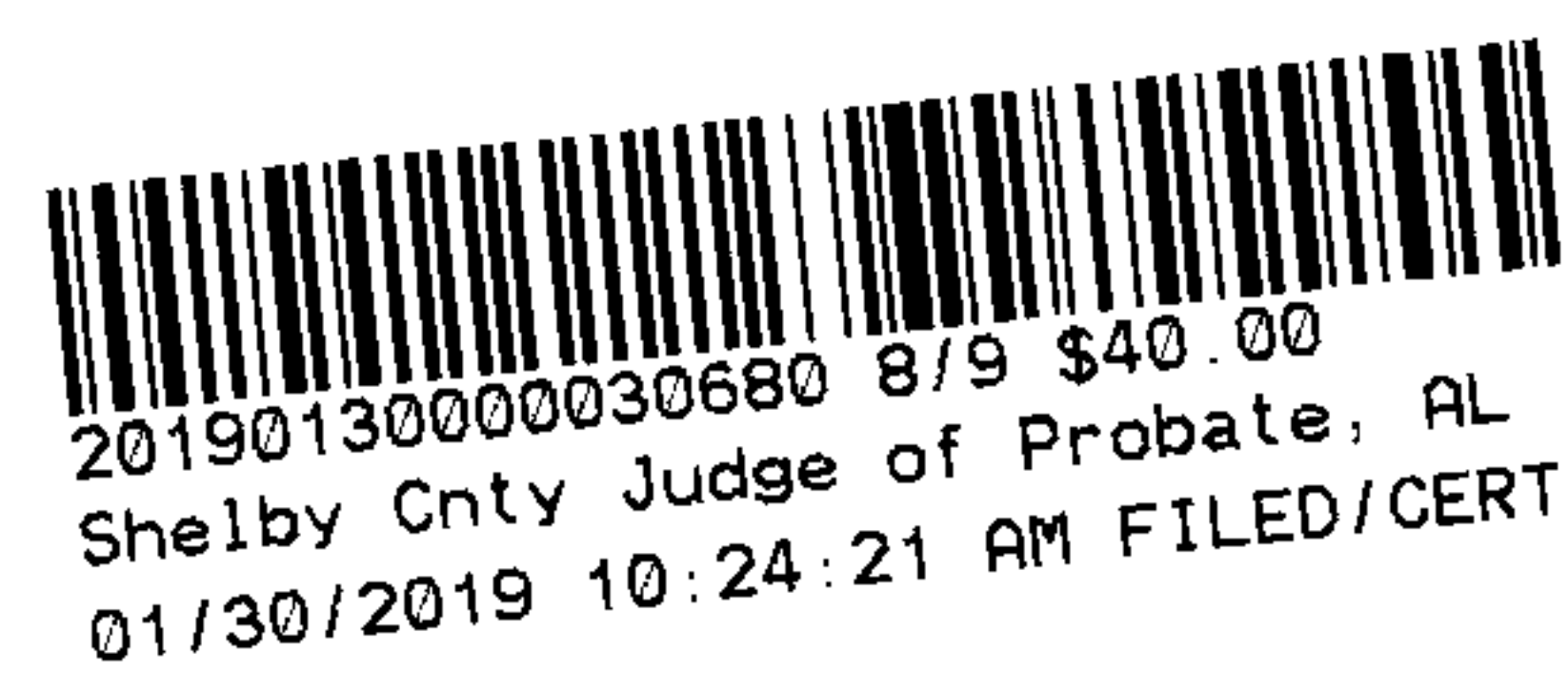
granted me authority as an agent or successor agent in a power of attorney dated

_____.

I further certify that to my knowledge:

(1) the Principal is alive and has not revoked the Power of Attorney or my authority to act under the Power of Attorney and the Power of Attorney and my authority to act under the Power of Attorney have not terminated;

(2) if the Power of Attorney was drafted to become effective upon the happening of an event or contingency, the event or contingency has occurred;



(3)if I was named as a successor agent, the prior agent is no longer able or willing to serve; and


(4)_____

Agent's Name:_____

Agent's Signature:_____

Agent's Address:_____

Agent's Phone Number _____


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